

Coronavirus Disease 2019 (COVID-19) and Minority Communities

The Maryland Department of Health (MDH) Office of Minority Health and Health Disparities (MHHD) has compiled information on COVID-19 and its impact on minority communities.

Social determinants of health continue to exacerbate the effects of COVID-19 on minority communities. As defined by Healthy People 2020, social determinants of health are conditions in the environments in which people are born, live, learn, work, play and worship that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

COVID-19 intensifies the impact of social determinants of health on minority communities in several ways including:

- **Social Distancing:** While this is a critical tactic to stop the spread of the virus, the practice of social distancing can increase mental and emotional health challenges.
- Housing Insecurity: Lack of affordable housing, coupled with issues of poverty, low
 income and loss of wages, can present challenges with monthly mortgage and rental
 payments. Also, the homeless population is at a high risk to contract the virus due to the
 inability to self-quarantine from the general population. Additionally, population density
 that is pervasive in low income neighborhoods can make it more difficult for residents to
 properly practice social distancing.
- Food Insecurity: Food deserts that are pervasive in poorer neighborhoods hamper
 access to essential groceries and provisions. Low income consumers are less likely to be
 able to afford healthy food options. With panic buying on certain items and lack of
 access to traditional supermarkets, residents without adequate transportation face
 challenges with traveling regionally to get essentials such as toilet paper, infant formula,
 and disease-specific nutrition.

Due to social determinants of health, minority populations are likely to experience a greater disruption to their lives during the COVID-19 crisis. As the virus continues to spread, higher rates of infection and fatality are linked to existing health disparities that affect minority communities, and particularly Black Americans. Higher rates of diabetes, obesity, hypertension, and asthma that are often associated with minority health, have led to higher mortality rates for COVID-19.

Facts about COVID-19 and Minorities

- Data has linked pre-existing health conditions that are prevalent among minorities such as
 diabetes, heart disease, and asthma to the infection by caused by COVID-19.
- Although the virus does not cause these chronic conditions, it exacerbates them (e.g. difficulty breathing), making these conditions more complicated to treat, especially among those 65 years and over.
- These health conditions are often categorized as being persistent health disparities or differences and are driven less by genetic factors and more by socio-economic factors and adverse living conditions.
- COVID-19 affects all races and ethnicities; there are no racial or ethnic groups that are immune to contracting the virus.

How the Office of Minority Health and Health Disparities will help

The Office of Minority Health and Health Disparities is working with its Minority Outreach & Technical Assistance (MOTA) partners and their networks to disseminate information about COVID-19 and how to access available resources.

Strategies to tackle this pandemic include:

- Increasing testing and testing sites in minority communities
- Providing accurate information through a variety of platforms
- Funding community partners to conduct community conversations
- Partnering with other agencies to increase access to hospital beds and ventilators
- Utilizing partnerships with faith-based organizations, community-based organizations,
 HBCUs, and local community organizing groups to coordinate the delivery of available resources and messaging to minority communities

Prior to the current pandemic, various agencies within MDH spent years and millions of dollars tackling health disparities through early intervention, prevention strategies and community partnerships. Examples include: cancer prevention and control, diabetes prevention and control, and asthma prevention and control. There have been successes and challenges in decreasing the amount of illnesses and deaths within minority populations. As with other health challenges, COVID-19 presents unique challenges and the opportunity for new strategies and approaches to reduce the associated health disparities and improve the health and wellbeing of minorities in Maryland.